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|  | **Indoor Nordic Masters Championships****10-12 March 2017** **Storängshallen, Förrådsvägen 1, 141 46 Huddinge** |   |
| **ANMÄLNINGSBLANKETT** | **ENTRY FORM** | **MUODOSSA** |
|  |
| **Efternamn/**Surname**/*Sukunimi*** |  |  |
|  |
| **Förnamn/**First name**/*Etunimi*** |  |  |
|  |
| **Land/**Country**/*Maa*** |  | **DEN, FIN, ISL, NOR, SWE** |  |
|  |
| **Födelsedatum /Date of dte of birth/*Syntymävuosi*** | dd-mm-yyyy |  |  | **Man/**Man**/*Miehet*** |  |  | **Kvinna/**Women**/*Naiset*** |
|  |
| **Klubb/**Club**/*Seura*** |  |  |
|  |
|  |
|  | **X** | **Markera med X i de grenar du önskar delta i**Please X-mark the events you will participate***Merkitse X mihin lajeihin haluat osallistua*****Gren/Event/Laji** | **Bästa resultat****Best result**Parhaat tulokset**2016-2017** |  | **By signing this Entry Form I declare that to the best of my knowledge and belief that I am in good health and that there is no objection against my participation in IVNM 2017 on medical reasons. I accept full responsibility in case of accident, injury or damage to myself or my property by me participation in the Indoor Nordic Master Championships in Huddinge 2017. I also give my consent to be subject to drug testing at IVNM 2017, if I should be selected to do so.** |
|  |  | **60 m** |  |  |
|  |  | **200 m** |  |  |
|  |  | **400 m** |  |  |
|  |  | **800 m** |  |  |
|  |  | **1500 m** |  |  |
|  |  | **3000 m** |  |  | **Date** |
|  |  | **60 m Häck/**Hurdles**/*Aidat***  |  |  |
|  |  | **Höjd/**High Jump**/*Korkeus*** |  |  | **Signature** |
|  |  | **Stav/**Pole Vault**/*Seiväs*** |  |  |
|  |  | **Längd/**Long Jump**/*Pituus*** |  |  |
|  |  | **Tresteg/**Triple Jump**/*Kolmiloikka***  |  |  |  |
|  |  | **Kula/**Shot put**/*Kuula*** |  |  |  |  |
|  |  | **Vikt/**Weight**/*Paino*** |  |  |  |  |
|  |  | **3000 m Gång Arena/**Track walk**/*Kävely areena*** |  |  | **Closing date for entries:** |
|  |  |  |  |  | **Friday 10 feb 2017**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Payment and address** First event: **EUR 40** Next Events **EUR 20**/eachSee then separate letter from each **national** veteran athletic association |  |  | This form has to be posted or mailed to the **national** veteran athletic association and together with the entry fees.dorte@dansk-atletik.dk Nordea Bank Reg. 2217 Knt. 8128213350 |
|  |  |  |  |  |  |
|  |  |  |  |  | **For the national Federations only** |
|  |  |  |  |  |
|  |  |  |  |  | **Date** | **Stamp or signature****The national Federation** |
|  |  |
|  |   **OTHERS** |  |  |   |
|  |  | **Together Party EUR 25 (see separate info) Quantity** |  |  |
|  |  | **T-shirt EUR 12 (see sep information) Size S to XXL** |  |  |  |
|  |  |  |  |
|  |
|  |  | **Gata/Street/*Tie*** |  |  |
|  |  |
|  | **Post Nr/City Code** |  | **Ort/City** |  |  |
|  |  |
|  |  | **Telephone** |  | **Mobile** |  |  |
|  |  |
|  |  | **E-mail** |  |  |
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